

## ORDER FOR SUPPLIES OR SERVICES

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1. CONTRACT/PURCH. ORDER/ AGREEMENT NO. DAKF11-99-D-0008-		2. DELIVERY ORDER/ CALL NO. 0012		3. DATE OF ORDER/CALL 2000Mar16		4. REQ./ PURCH. REQUEST NO. MIPROE-D51F-RSCM		5. PRIORITY									
6. ISSUED BY ARMY ATLANTA CONTRACTING CENTER 1301 ANDERSON WAY SW AFLG-PR  FORT MCPHERSON, GA 30330-1096				7. ADMINISTERED BY (if other than 6) <b>SEE ITEM 6</b>				8. DELIVERY FOB <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER  (See Schedule if other)									
9. CONTRACTOR EAGLE GROUP INTERNATIONAL INC ATTN JAMES P. GINN 3475 NORTH DESERT DRIVE BLDG 1 SUITE 100 ATLANTA, GA 30344-5726				10. DELIVER TO FOR POINT BY (Date) <b>SEE SCHEDULE</b>		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED											
12. DISCOUNT TERMS				13. MAIL INVOICES TO THE ADDRESS IN BLOCK See Item 15													
14. SHIP TO <b>SEE SCHEDULE</b> ATTN:				15. PAYMENT WILL BE MADE BY DFAS DEFENSE FINANCE AND ACCOUNTING SERVICE SAN ANTONIO 500 MCCULLOUGH AVENUE  SAN ANTONIO, TX 78215				MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.									
16. TYPE OF ORDER		DELIVERY/ CALL <input checked="" type="checkbox"/>		This delivery order/call is issued on another Govt. agency or in accordance with and subject to terms and conditions of above numbered contract.													
		PURCHASE		Reference your quote dated				Furnish the following on terms specified herein.									
ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.																	
NAME OF CONTRACTOR				SIGNATURE		TYPED NAME AND TITLE		DATE SIGNED (YYYYMMDD)									
<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:																	
17. ACCOUNTING AND APPROPRIATION DATA/ LOCAL USE <b>See Schedule</b>																	
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/ SERVICES				20. QUANTITY ORDERED/ ACCEPTED*		21. UNIT		22. UNIT PRICE		23. AMOUNT					
		<b>SEE SCHEDULE</b>															
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle				24. UNITED STATES OF AMERICA <i>Mary Anne Osborn</i> BY: Mary Anne Osborn CONTRACTING / ORDERING OFFICER				25. TOTAL <b>\$20,925,218.09</b>		29. DIFFERENCES							
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED  DATE SIGNATURE OF AUTHORIZED GOVT. REP.						27. SHIP NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		28. DO VOUCHER NO.		30. INITIALS							
31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL						32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR		34. CHECK NUMBER		35. BILL OF LADING NO.					
36. I certify this account is correct and proper for payment.  DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER						37. RECEIVED AT		38. RECEIVED BY		39. DATE RECEIVED (YYYYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NO.		42. S/R VOUCHER NO.	

**CONTINUATION SHEET**REFERENCE NO. OF DOCUMENT BEING CONTINUED  
DAKF11-99-D-0008-0012

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NAME OF OFFEROR OR CONTRACTOR  
EAGLE GROUP INTERNATIONAL INC

This is a cost plus fixed fee task order to support Department of State Anthrax Vaccination Program at Washington, DC and various CONUS and OCONUS Embassies. Logistical support services include logistical task areas 1,2,3,4,5,6,7,10,13,14, and 15.

Contractor shall invoice per instructions in the schedule.

**1. PERFORMANCE PERIODS:**

PERIOD	DATES
Base Period	Feb 23, 2000 – Feb 22, 2001
Option One	Feb 23, 2001 – Feb 22, 2002
Option Two	Feb 23, 2002 – Feb 22, 2003
Option Three	Feb 23, 2003 – Feb 22, 2004
Option four	Feb 23, 2004 – Feb 22, 2005

**2. OBLIGATED FUND RECAP:**

ACRN AA CLINs 0003, 0004 and 0005 are funded for total amount of \$3,419,175.64  
Requisition No. MIPR0E-D51F-RSCM

Option Years are subject to exercise and availability of funds.

**3. INVOICING INSTRUCTIONS:**

a. The contractor shall submit **original** plus one copy of invoice [SF 1034] Public Voucher for Purchases and Services, through their **cognizant DCAA to the Contracting Officer at address in Block 6.**

b. Submit one **"copy"** of the SF 1034 to the primary task order monitor as identified in the Performance Work Statement. Invoices shall not be submitted more often than once every two weeks.

Cost plus fixed fee award vouchers shall be submitted pursuant to FAR 52.216-7, and shall, as a minimum, include the following documentation:

a. The total price for the current billing period and the cumulative billed for the current fiscal year. These costs shall be shown by CLIN or sub-CLIN level.

b. Include supporting documentation, by CLIN, for amounts invoiced. Supporting documentation must be broke-out in detail to substantiate the total amount requested for reimbursement.

c. Travel costs shall be broken out by occurrence, with itinerary, dates of travel, number and category of employee travel, per diem costs, transportation costs. Include the government approval with supporting documentation. Travel shall be in accordance with FAR part 31.205-46 and per diem rates will be in accordance with the Joint Travel Regulation.